Parent Advocacy in Special Education

An Honors Thesis (HONRS 499)

by

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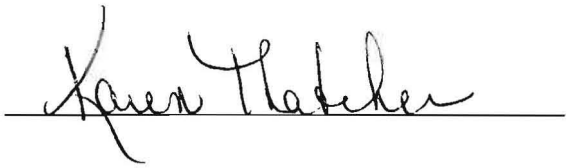

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Abstract

This paper explores the various definitions of parent advocacy, the roles of advocates, why advocates are necessary, and the history of parent advocacy in relation to special education services in American school systems. In this paper, the term "parent advocate" can refer to either a parent who advocates for his or her own child in the special education process, or to an individual who assists parents of children with disabilities, a role that can also be referred to as a parent support volunteer, peer support provider, or a parent resource, among other titles. Along with information about receiving a free and appropriate public education (FAPE) in the least restrictive environment (LRE), two stipulations of the Individuals with Disabilities Education Act (IDEA), is instruction about individualized education programs (IEPs) and how those topics apply to advocacy. The purpose of this thesis is to educate parents of children with disabilities, school professionals, and others who are unaware about the important work advocates do to stand up for the rights of parents and their children in need of special services.

Acknowledgements

I would like to thank Dr. Karen Thatcher for advising me throughout this project. Her ideas, guidance, and time have been invaluable to me in this endeavor.

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Introduction

In 2009 there were an estimated 5.8 million children in the United States ages 6 to 21 receiving special education services at school through the Individuals with Disabilities Education Act, or IDEA (Education Week, 2011). For many families, learning that their child might be in need of special education at school can be heartbreaking, scary, and daunting. For parents who are not familiar with the process through which a child receives special services in schools, it's often difficult to understand what role to play, how the laws apply to their own child, and the services that are available and to which their child is entitled. Some parents use this as an opportunity to educate themselves so that they can effectively fulfill the advocacy needs of their child. However, there are a number of reasons why other parents utilize a trained parent of a child with disabilities to be an advocate on their behalf.

Parent Advocates: Who are they?

The term "parent advocate" is not a very straightforward one, as it can refer to either a parent advocating for his or her own child, or to an individual who assists a parent in the special education process. This type of advocate can also be referred to as a parent support volunteer, peer support provider, or a parent resource or liaison, among other names.

It is widely recognized in the world of education that parents are their child's ideal advocates because they know the child better than anyone else and standing up for their children comes naturally to parents. In their 1990 article entitled "Parents and Professionals as

Advocacy Partners," Friesen and Huff indentified additional reasons as to why parents should function as educational advocates. Apart from having been given this social and legal responsibility, the emotional investment that parents have in their child's welfare far exceeds that of anyone else who might serve as an advocate. Parents are a constant in a child's life and "can be persuasive advocates because they have direct, firsthand experiences with the school system." While school professionals that serve as advocates might have a conflict of interests, a parent's sole interest is doing what is best for his or her child and is more free to speak out than a school worker might be. Finally, "parents' advocacy motivation is less likely to be viewed with suspicion than are the possibly self-serving motives of some professionals" (as cited in Fiedler, Simpson, & Clark, 2007, p. 196).

Receiving training to become an effective advocate is an option for all parents. Every U.S. state and territory has parent training and information centers (PTICs), as required by IDEA, to educate parents about the special education process and their rights. Furthermore, there are numerous other organizations that work to help parents become strong advocates. The National Coalition of Advocates for Students, or NCAS, promotes advocacy training for parents. According to the NCAS (1999), its "Board of Directors, national staff, and member organizations have joined together to implement a five-year effort to train and support parents to participate effectively in local school improvement efforts" (as cited in Pedersen & Carey, 2003, p. 161) "This advocacy effort stresses the rights of all children to have full access to the body of educational information, a culturally supportive education, the support of parents and the community, and an integrated and equitable classroom and assessment experience" (Pedersen

& Carey, 2003, p. 161). The NCAS is just one of many organizations through which parents can receive advocacy training.

Parents who become familiar and comfortable with the special education process sometimes choose to become parent resources for those who are new to special education, those who do not feel adequately informed about special education, or those who would simply like support. Parents can bring whomever they choose to case meetings, including friends or family members they think would provide emotional or other support to serve as unofficial advocates, but training is generally required to become an advocate for other families through an organization or company. Additionally, most PTICs require that parent support volunteers be parents of children, youth or adults with disabilities or special needs (Volunteer Solutions, 2012).

In the past "numerous school professionals have historically been willing to function as advocates for students with disabilities and their families" (Fiedler, Simpson, & Clark, 2007, p. 193). This can include, but is certainly not limited to, special education teachers, school psychologists or counselors, and sometimes classroom teachers. However, today many such professionals are reluctant to assume the role of advocate for a variety of reasons. Simply put, "they have avoided advocacy responsibility because of insufficient training, legal ramifications, pressure from superiors, and competing time and energy demands" (Fiedler, Simpson, & Clark, 2007, p. 194). A central dilemma for school employees who serve as advocates is whether to remain loyal to their employer, often a school district, or to actively defend a child's rights, which could contradict the best interests of the district for which he or she works. When one

looks to the ethics codes of organizations such as the Council for Exceptional Children (CEC) and the National Association of School Psychologists (NASP), that problem is easily resolved in favor of the child. However, advocacy behavior that challenges the school organization is still often looked down on by administrators and board members, which can in turn discourage school professionals from being willing to serve as advocates for the children they are there to help learn. (Fiedler, Simpson, & Clark, 2007, p. 194). Today, school professionals often choose to serve as advocates in a more indirect manner by assisting parents in "acquiring the necessary knowledge and skills for effective advocacy on behalf of their own children with disabilities" (Fiedler, Simpson, & Clark, 2007, p. 195).

What do parent advocates do?

Herbert and Mould (1992, p. 118) define advocacy as "intervention when needed services are not accessible; are not available; are not appropriate; are not effectively provided; or when the voice of a child is not being heard." An advocate's job varies from family to family, but generally he or she makes sure that the parent understands all that is going on in Individualized Education Program (IEP) meetings with teachers, principals, speech pathologists, school psychologists, occupational therapists, and any other professional that the child is working with. Additionally, an advocate makes sure that the parent's voice is heard and that the wishes of the parent and best interests of the child are kept in mind. Furthermore, peer volunteers provide much needed emotional support to parents by listening to their concerns and by "sharing experiences in raising a child with a disability." They provide parents with information about their "rights and responsibilities involved in the special education process, ...

[attend] case conferences or parent/teacher conferences with parents, [conduct] workshops for parents to inform them about laws" (The Indiana Resource Center for Families with Special Needs, 2008, p. 1:12). Additionally they offer referrals, evaluations, case conferences, IEPs, communication skills, available resources, and assist "families in negotiating and resolving disputes with the school district" (Education Center, para. 6).

When serving as advocates for their own children, parents seek information about child development and the special needs of their own child, and work "to acquire the skills necessary to support the implementation of their child's IEP or Individualized Family Service Plan (IFSP)" (Rainforth, 2005, p. 179).

History of Special Education and Parent Advocacy

In order to fully understand the importance of parents serving as special education advocates for their children, it is beneficial to look at the progress they have helped to bring about in the history of special education in the United States.

Starting in the early 1800s, states began to take more responsibility over schools and the students that attended them, but didn't yet have accommodations or modifications for students with disabilities. By the middle of the 19th century, there was notable progress as The Asylum for the Deaf had opened in Connecticut and asylums for the blind and for "idiotic and feeble-minded youth" had opened in Massachusetts. Also, the "widely publicized and celebrated successful teaching of deaf-blind child Laura Bridgeman in the 1830s helped generate much greater optimism in the ability to teach children with severe disabilities.

Interest in institutionalizing, educating, treating, and even curing persons with disabilities thus grew steadily as the century progressed" (Osgood, 2008, p. 7).

As schools became more rigid, however, teachers became more aware of conditions that had previously gone unnoticed, resulting in a heightened awareness that brought an "increasingly cautious and pessimistic view of disability. By about 1870, the progress that had been made towards acceptance and hope disappeared, and "both public and private institutions for the disabled focused less on treatment, education, and cure and more on isolation, custodial care, and eradication." In addition, school systems started developing segregated programs for children with disabilities in an effort to protect the "normal" children while supposedly giving those with disabilities an education better suited for them (Osgood, 2008, p. 8).

Around the end of World War II parents of individuals with disabilities began forming advocacy groups such as the American Association on Mental Deficiency, which held its first convention in 1947. "By the early 1950s, fueled by the Civil Rights Movement, a number of other parent organizations were formed, including the United Cerebral Palsy Association, the Muscular Dystrophy Association, and John F. Kennedy's Panel on Mental Retardation" (Learning Rx, 2012, para. 1). By the 1960s, the work of these parents and the organizations that they created brought increased access in schools for children with disabilities at the state and local levels, and the federal government responded by providing states with funding for primary education, part of which went to children receiving special education (Special Education News, 2009).

Despite this funding, children were still being denied an education at public schools solely because of their disabilities, and "parents turned to legal action in order to obtain programs and services for their children with disabilities" (The Indiana Resource Center for Families with Special Needs, 2008, p. 1:7). In 1975, the Education for All Handicapped Children Act (referred to as either EAHCA or EHA) was signed to mandate that all school districts educate students with disabilities (Peterson, 2007). Since EAHCA was enacted in 1975 and went into effect in 1977 it has been amended six times and is now referred to as the Individuals with Disabilities Education Act, or IDEA. The Amendments to IDEA 2004 state that:

> Congress finds that- (5) over 30 years of research and experience has demonstrated that the education of children with disabilities can be made more effective by- (A) having high expectations for such children and ensuring their access in the general curriculum to the maximum extent possible; [and] (B) strengthening the role and responsibility of parents and ensuring that families of such children have meaningful opportunities to participate in the education of their children at school and home. (as cited by The Indiana Resource Center for Families with Special Needs, 2008, p. 1:9)

Congress recognizes that parents play a vital role in the education of their children and that without the advocacy of thousands of parents over the years it is hard telling where special education services would be in American schools today. The contributions that these advocates have made are immeasurable and the sole reason that children with disabilites in the United States receive so many of the services that they currently do. However, as education in America

changes it is vital that parent adovocates continue to stand up for the educational rights of their children.

Individuals with Disabilities Education Act of 2004

There are six main principles to IDEA that any advocate needs to be aware of so that he or she can stand up for a child's right fully and successfully. First, every child is to receive a free and appropriate public education (FAPE), meaning that special education and related services "are provided at public expense and at no cost to the parent." It is important to remember that what is appropriate for one child varies from what is appropriate for another, but that each child is entitled to what is best for him or her. FAPE applies to any preschool, elementary, and high school educations that are deemed necessary for the child in his or her IEP (The Indiana Resource Center for Families with Special Needs, 2008, p. 3:1).

Secondly, children with disabilities must be educated in the least restrictive environment (LRE) for them. In other words, "to the maximum extent appropriate, children with disabilities are educated with children without disabilities" and should only be pulled out of the regular educational environment when it is absolutely necessary (The Indiana Resource Center for Families with Special Needs, 2008, p. 3:2). Again, the LRE is different for each child and is based on his or her IEP.

The third principle of IDEA is that every child with a disability must receive a comprehensive evaluation at least once every three years to determine whether a disability exists and the extent to which services are needed. The evaluation must be in the child's native

language and not racially or culturally discriminatory (The Indiana Resource Center for Families with Special Needs, 2008).

Individualized education programs are a vital part of IDEA. An IEP is a written document developed by a team of teachers, parents, and other school professionals working with the child in need of special services that is reviewed at least once annually, "that describes how a student will access the general curriculum and the special education services and related services needed by the student." Each student's IEP is designed specifically to meet his or her unique educational needs. "The IDEA is clear about the information the IEP must contain, about who develops the IEP, and about the public agency's obligation to provide the special education and related services that are identified in the IEP" (The Indiana Resource Center for Families with Special Needs, 2008, p. 3:2). It is in the meetings where the IEP is developed and amended that parent support volunteers can be particularly beneficial. Often times parent ideas and the ideas of school professionals differ, so it can be helpful to have someone who will make sure that everyone's opinions are understood and considered.

Another principle of IDEA is following procedural safeguards. This set of rules and procedures protects the rights of both parents and students and outlines the "mechanisms available for resolving disputes between parents and agency personnel" (The Indiana Resource Center for Families with Special Needs, 2008, p. 3:2)

The final principle is that parents and students participate in decision making. The references to parent participation are so continuous that the focus cannot be missed. As the RPR Resource Manual (2008) states:

> There are many decisions to be made for each student with a disability. Who knows the students better than the parents? How can we make important decisions that affect a student's life and not ask the student to contribute his or her own thoughts? How can we prepare a student for life as an adult, without allowing the student to have a voice along the way? From its earliest days, the law has required schools to involve parents in developing IEPs. Students have a great deal to say and contribute to their own IEPs and their involvement has grown over time. (p. 3:3)

What rights does a parent have?

Under Indiana special education law, the definition of "parent" is much more than simply a biological mother or father. A "parent" can mean any of the following:

> Any biological or adoptive parent whose parental rights have not been terminated or restricted in accordance with the law; a guardian generally authorized to act as the student's parent, or authorized to make educational decisions for the student, including a court-appointed temporary guardian; a foster parent; an individual with legal custody or an individual acting in the place of a biological or adoptive parent, including a grandparent, stepparent, or other relative, or other adult who accepts full legal responsibility for the student and with whom the student lives; any educational surrogate parent appointed in accordance with [Indiana special education law], any student of legal age, which is defined in [Indiana special education law] to mean a student who is eighteen years of age and has not had a guardian appointed under a

court; an educational representative appointed under [Indiana special education law]. (Indiana State Board of Education, 2010)

An individual who falls under any of the above definitions has many rights during the educational decision making process for his or her child. In fact, not only do they have rights, but IDEA actually mandates that they be involved in the special education process "through meetings between parents and educators to discuss any concerns they might have based on a child's disability, or even the suspicion of a disability that might impact a child's education." More specifically, IDEA requires that parents have an opportunity to participate in meetings related to identification, evaluation, and educational placement of the child, and the provision of a free and appropriate public education (FAPE) to the child (Pace, Milch, & Sanabria-Hernandez, 2005).

But participation in meetings is just the beginning of the rights of a parent. Additionally, parents must be notified when the school wants to change a child's education plan, refuses the parent's request for an evaluation or change in placement, or plans to evaluate their child. A parent must give his or her informed consent for an initial evaluation to take place and prior to placement of a student in special education. Parents can also initiate a special education evaluation if they suspect their child is in need of special education or related services, and can even obtain an independent evaluation if they disagree with the results of the school's evaluation. They have the right to view all of their child's educational records, to participate in the development of an IEP for their child, and to be fully informed by the school of all rights they have under law. When differences between the parent and school concerning a child's

education cannot be solved informally, parents have the right to request a due process hearing to resolve them (Fiedler, Simpson, & Clark, 2007, pp. 195-196). Furthermore, when parents have concerns about the enhancement of their child's education, those concerns must be considered by the team that develops the IEP, which must be revised when it is appropriate to do so based on information provided by the parents (Wright & Wright, 2007).

While it may seem strange to place such an emphasis on the rights of parents when they are actually fighting for the rights of their children, "IDEA defines one of its purposes as seeking 'to ensure that the rights of children with disabilities and the parents of such children are protected.' The word 'rights'...refers to the rights of parents as well as the rights of the child" (Wright & Wright, 2007).

Why are parent advocates necessary?

Nearly every parent has high hopes for his or her children. Parents often want their kids to have the most opportunities available to them, the happiest childhoods, and the best educations possible. Most American parents understand what the "average" classroom looks like, and would probably feel comfortable talking to their child's teacher or principal if they felt that some of their child's educational rights were not being met. Just as this is true for children who do not receive special education, "as many parents of children with disabilities can attest, the rights of students in special education are not always self-enforcing." Simply because there are federal and state special education laws, legal rights, and procedural protections in place to guard children with disabilities does not automatically mean that all school districts adhere to them (Fiedler, Simpson, & Clark, 2007, p. 193). Schools want their students to receive good

educations, but aren't always willing to provide some special education services to students with disabilities when they are expensive or difficult to implement, even though IDEA stipulates that a school cannot use lack of funds as an excuse for refusing services that would benefit the child. However, because parents generally are not as familiar with the special education process than with the schooling of children who do not receive special services, it is not unusual for parents to feel intimidated and unsure about how to stand up for their child's special education rights.

There is much research demonstrating an association between parental involvement and improved child outcomes at the elementary school level. "In particular, more parent involvement has been found to be associated with fewer behavioral problems, lower drop-out rates, higher student achievement, and increases in children's perceived level of acceptance" (Pedersen & Carey, 2003, p. 111).

Both of these points, that a child's special education rights are not always adhered to and that parental involvement is related to improved child outcomes, not to mention current low economic resources in schools and attempts to cut budgets, point out the need for parents to serve as advocates for their children, and for parents to receive assistance from a volunteer advocate when they feel unqualified to sufficiently promote their children's special education needs.

In his book entitled "Making a difference: Advocacy Competencies for Special Education Professionals," Craig Fiedler identified five reasons supporting the need for advocacy volunteers for parents, on behalf of children with disabilities:

> (a) the historical discrimination experienced by individuals with disabilities; (b) the frequent denial of educational rights of children with disabilities; (c) the fact that schools are political bureaucratic entities, meaning that they are conservative by nature and resistant to change; (d) the lack of effective parental advocacy; and (e) findings from special education outcomes research, which strongly indicate that many graduates of special education programs are not employed, not living on their own, not integrated into their communities, and in general, not very satisfied with their lives. (Fiedler, Simpson, & Clark, 2007, p. 193)

IDEA very clearly recognizes that, in most cases, parents are their children's best advocates. However, that is not always the case. In many situations, a child's parent is not fit to advocate for him or her. According to Pedersen and Carey (2003, p. 161), minority parents who speak limited English, lack education, or fear being identified by the U.S. Immigration and Naturalization Service (INS) often won't or can't advocate for their children's rights effectively. Similarly, parents who are incarcerated or mentally unstable are usually not the best advocates for their children. In cases such as these, while friends or family members are sometimes asked to assist in IEP planning, a trained advocate is often then best solution.

Where are parent advocates available?

As previously stated, every US state and territory is required to have at least one parent training and information center as part of IDEA. The primary purpose of these PTICs is to provide parents with information and training about special education law, including both the federal IDEA and state specific rules. The goal is that, by using the knowledge they gain from a

state or local PTIC, parents will feel more prepared to advocate and actively participate "in meeting the educational needs of their children" (The Indiana Resource Center for Families with Special Needs, 2008, pp. 1:3-1:4). These statewide programs also have parent support providers who will discuss situations specific to a family with the parents and will attend case meetings when needed.

"In addition to the [PTIC], many states also have Community Parent Resource Centers (CPRCs) that are designed to serve the needs of low-income parents, parents of children with limited English proficiency and parents with disabilities" (The Indiana Resource Center for Families with Special Needs, 2008, p. 1:4) CPRCs are also often a source where parents can find peer support providers and they cater to smaller areas geographically.

How does someone become an advocate?

Parents of children with disabilities have the role of advocate forced upon them, which they can choose to either embrace or reject. By gleaning information about both federal and state special education laws, the disability or difficulty that their child faces, and the modifications and accommodations available, parents can inform themselves to become effective educational advocates.

Parents who wish to become trained advocates, either for their own children or other families through a parent training and information center (PTIC) or other organization must complete formal advocacy training. At The Advocacy Center, a PTIC in New York, parents of children with disabilities can attend a multi-session training series to prepare themselves "to better advocate within the educational system for their own children and as a volunteer for

other families, too." At Indiana's PTIC, IN*SOURCE, parents complete a series of online training sessions which are followed by a day of in-person training before beginning work as a volunteer advocate, and additional training is required of those who will work with families at case conferences (Volunteer Solutions, 2012). Training sessions at The Advocacy Center, IN*SOURCE, and other PTICs across the country, cover topics such as:

> Fostering positive interaction between schools and families, ... improving communication skills, developing effective IEP or 504 plans, accessing and interpreting school records, learning about classification, evaluation, and placement options, proven techniques to help parents having difficulty with the special education process, and supporting other parents by attending meetings and conducting phone consultations. (The Advocacy Center, 2012).

Parents of children with disabilities who wish to receive such training can contact a parent training and information center in their state or a community parent resource center in their area to begin the learning process.

Skills of Effective Advocacy

In order to be the most effective advocate there are certain skills that a parent or support volunteer should work to develop. In 1996, Pardeck identified a number of such skills: parents must believe in their rights, have a clear vision, have good organization skills, be able to prioritize, possess a good understanding of their child's disabilities, know the laws, be principled and persistent, communicate effectively, let others know when they are pleased,

develop endurance, and follow through. Additionally, they should be informed and offer solutions (as cited in Fiedler, Simpson, & Clark, 2007, p. 212).

A very important point on this list is having the ability to communicate well with others, as doing so creates "a relationship of mutual acceptance and respect," conveys empathy for the views and concerns of the others involved, establishes rapport, sets up "an atmosphere for mutual problem solving" and collaboration, and influences the attitudes of the rest of the people involved (Fiedler, Simpson, & Clark, 2007, pp. 212-213).

It is extremely important that parents specifically ask for what they want. Any uncertainty or hesitance may lead school professionals to believe the parents lack commitment to their advocacy goals. Similarly, vague "requests give the impression that the parents have not completely thought about what is wrong with their child's education program," resulting in less motivation of the school professionals to make serious changes and improvements to the education plan (Fiedler, Simpson, & Clark, 2007, p. 216).

Finally, an effective parent advocate must have good conflict resolution skills. It is likely that at some point in the IEP planning or implementation the parties involved might have conflicting ideas. While "destructive conflict resolution leaves the parties feeling dissatisfied with the outcomes and feeling they have lost as a result of the conflict," when conflicts are solved constructively "both parties are satisfied with the outcomes and sense that they have benefitted as a result" (Fiedler, Simpson, & Clark, 2007, p. 223). Additionally, when conflicts are solved constructively it is more likely that the professionals and parents of the child whose

education is under question will be able to effectively work together, collaborate, and compromise with each other in the future.

Conclusion

It can be hard for parents to help develop and implement their child's special education plan, but it doesn't have to be something they do alone or while feeling in the dark. The rules and laws about special education can be hard to understand, the process takes much time, and developing the skills to become an effective advocate can be difficult, but all of the efforts are certainly worth it. Parents serving as advocates for their own children and for other families are the reason that children with special education needs are no longer shunned to separate schools, but instead are often included in regular education classrooms today. It is important that parents continue working to advocate, which will further revolutionize and improve special education and related services for children with disabilities. As Martin Luther King, Jr. once said, "Our lives begin to end the day we become silent about things that matter." Children matter and education matters, and we must continue to stand up and advocate for those who can't always do it themselves.

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Commentary to "Developing Measurable Speech

Goals: Articulation vs. Language"

This PowerPoint presentation was requested by the Indiana Resource Center for Families with Special Needs (IN*SOURCE), Indiana's parent training and information center under the Individuals with Disabilities Education Act (IDEA), and was developed as part of this senior Honors thesis for an audience of parent support volunteers (PSVs). It will be presented at a PSV training session by Dr. Karen Thatcher, a professor of speech-language pathology and trained parent advocate through IN*SOURCE, as an educational tool so that the PSVs may better serve the families and children which with they work.

IN*SOURCE staff and volunteers strive to get each child with disabilities the most appropriate education possible for his or her unique situation. In order to make that happen, IN*SOURCE hosts numerous informational and training sessions across the state every year for parents and parent support volunteers. When an individual first becomes a PSV, he or she receives training about IDEA, special education laws in Indiana, and much more, but PSV training doesn't stop there. Additionally, they are required to "participate in at least one continuing education activity that is relevant to special education or early intervention each year" (IN*SOURCE, para. 6). Attending this presentation will be one such continuing education activity.

This presentation discusses the basics of the language and articulation therapy goals and services that a child with a disability might receive in a school setting. Topics including causes of articulation and language disorders, normal articulation and language development, and

eligibility for a child to receive speech and/or language services through the school system are covered. Additionally, there are video examples of what articulation therapy looks like versus what language therapy looks like. Such topics will help PSVs to better understand what to advocate for and when services are even necessary.

My hope is that through the presentation of this material and the resulting education of PSVs, more Indiana children with disabilities will receive the proper language and articulation therapies best suited for their individual needs.

Resources

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Developing Measurable Speech Goals: Articulation vs. Language

KAREN THATCHER, ED.D., CCC-SLP
KIERSTEN SCIFRES

What is a Speech-Language Pathologist (SLP)?

- A professional who specializes in the diagnosis and treatment of communication and swallowing disorders
- Requirements for becoming an SLP
  - Complete all graduate courses (generally ~36 credit hours) for a master's degree awarded from an accredited program.
  - A minimum of 400 hours of supervised clinical practicum
  - Upon completion of the degree, a clinical fellowship year is completed under the supervision of a certified SLP.

How do articulation and language differ?

- Articulation is the use of articulators (teeth, lips, vocal folds, etc.) to produce speech sounds.
- Language is a system of symbols and codes used in communication. It includes:
  - Semantics- the meanings of language
  - Syntax- the rules governing the grammatical arrangement of language (e.g., word order)
  - Morphology- units of meaning (e.g., tree, phone, pre-, -ing)
  - Pragmatics- the social aspects of language (e.g., eye contact, turn taking)
  - Phonology- speech sounds, sound patterns, and rules of sound organization

What is disordered articulation?

- Disordered articulation involves problems making speech sounds. Sounds can be:
  - Substituted
    - "wabbit" for "rabbit"
  - Left off
    - "nana" for "banana"
  - Added
    - “galass” for “glass”
  - Changed
    - A lisped “sh” in “fish”
- However, some articulation problems are developmentally appropriate (e.g., a two-year-old is not expected to have the /s/ sound mastered).

How is articulation assessed?

- Speech Sound Screening
  - Quickly identifies those who communicate within normal limits and those who *may* have a communication disorder.
  - Often the clinician simply listens to the person's speech and have him or her perform simple tasks such as counting, reciting days of the week, reading, naming objects or colors, etc.
- Hearing Screening
  - Tests hearing at normal speech frequencies. Even a mild hearing loss can affect which sounds are heard and produced.

How is articulation assessed?

- Oral-Facial (or Oral Mechanism) Evaluation
  - Provides the SLP with info about the adequacy or oral structure and function since structural defects and incorrect movements of articulators can contribute to faulty speech production.
- Formal Articulation Tests
  - Standardized tests that assess sounds in the initial, medial, and final positions (e.g., the /l/ in light, balloon, and ball), allowing the clinician to identify the number and types of errors. Some popular traditional tests include:
    - Arizona Articulation Proficiency Scale (Arizona-3)
    - Fisher-Logemann Test of Articulation Competence
    - Goldman-Fristoe Test of Articulation 2
    - Photo Articulation Test (PAT-3)

How is articulation assessed?

- Speech Sample
  - A conversational sample of the child's speech helps the SLP to analyze speech rate, intelligibility, types and number of errors, and the consistency of errors between the speech sample and the articulation test.
- Stimulability Testing
  - Tests the child's ability to produce a sound correctly, often at the beginning, middle, and end of words. Generally stimulability testing is done on error sounds from the articulation test and speech sample.

Age Ranges of Normal Consonant Development

- http://www.talkingchild.com/speechchart.html
- http://www.speech-therapy-information-and-resources.com/downloads/speech-sound-development-chart.pdf

Causes of Disordered Articulation

- Structural Impairments
  - Syndromes such as fetal alcohol and Treacher Collins may result in oral-facial abnormalities that make proper speech production difficult.
  - The altered oral and nasal structures of children with cleft lip and/or palate often lead to abnormal resonance and may affect the child's ability to produce certain sounds.
- Hearing Loss
  - When children cannot hear certain sounds it is difficult for them to learn to produce them.
- History of ear infections during the first few years of life

Causes of Disordered Articulation

- Neuromotor Impairments
  - **Cerebral Palsy** often affects musculature of speech processes, therefore, a delay in speech may occur.
  - Children with **developmental dysarthria** typically have abnormal muscle tone in facial muscles and difficulty producing rapid speech or non-speech movements. Are often late in acquiring first words and speech remains difficult to understand as they grow older.
  - **Developmental apraxia** impairs ability to program, combine, and sequence elements of speech. A child with pure apraxia of speech would demonstrate relatively normal comprehension of language, but be unable to imitate a spoken word, despite having no muscular weakness or paralysis.

How might an articulation disorder affect a child?

An articulation disorder might result in:

- Low self- esteem
- Social issues
- Low academic performance
  - Some articulation problems are due to child being unaware of how sounds differ, which carries over into reading and writing in the classroom.

Is a child eligible for articulation therapy simply because his or her native language is not English?

Under Article 7, when is a child eligible for articulation therapy?

A child is eligible when:

- He/she exhibits disordered articulation that is non-maturational in nature.
  - Impairments resulting from deficiency of structure and function of articulators
  - A speech sound has not been mastered past the normal age of acquisition.

A child is NOT eligible when:

- The impairment is solely because the student's native language is not English.
  - * A student who is bilingual or multilingual may receive articulation therapy only if the impairment is exhibited in all languages spoken by the student.

How might articulation errors be targeted in therapy?

- Articulation treatment may include:
  - Giving cues as to how to produce the sound correctly
    - Verbal –telling the child where to place his or her tongue
    - Visual- having the child look at the SLP's mouth or in the mirror
    - Tactile- touch, moving your hand through the air like a snake when making the /s/ sound
  - Learning to recognize which sounds are correct and incorrect
  - Practicing sounds in different words
- Video example of articulation therapy
  - http://www.youtube.com/watch?v=k1juKhiqReU&feature=related

Examples of Articulation Goals

- Alyssa will produce final /k/ spontaneously at the sentence level with 80% accuracy.
- Joey will produce the /r/ speech sound with 90% mastery at the conversational level.
- Jordan will produce /s/ in blends and consonant clusters with 80% accuracy in 3 out of 4 trials with 2 cues or less.

What is a language disorder?

- Disordered language involves difficulty understanding others (receptive language) or sharing thoughts, ideas, and feelings (expressive language)
- Language disorders can affect any modality, spoken, written, or signed, or any mixture of modalities.
- As with articulation, some language problems are developmentally appropriate (e.g., A one-year-old isn't expected to speak in full sentences).

How is language assessed?

- Language Screening
  - The SLP samples a range of language skills that could potentially be impaired in order to determine whether the child's language skills warrant a further testing.
- Observation
  - Simple observation can provide insight into the specific conditions that bring about communication problems, such as some syndromes.
- Formal Language Tests
  - There are hundreds of formal tests that assess different areas of language, both receptive and expressive, including semantics, pragmatics, vocabulary, grammar, writing, etc. No one test is right for every child.

How is language assessed?

- Language Sampling and Analysis
  - A language sample helps the SLP to make observations about the child's use of many different features of language.
    - Does the child primarily use single words, phrases, or sentences?
    - Does the child respond appropriately to the various question forms (who, what, when, where, why, and how)?
    - Does the child take conversational turns?
    - Does the child introduce topics and maintain them through several turns?
    - Is the rate irregularly slow or fast?
    - Doe the child use fillers or pause before using certain words?
    - Does the child relate events in a sequential fashion based on order of occurrence?

Developmental Language Milestones

- 5-6 years, Kindergarten
  - Follow 1-2 simple directions in a sequence
  - Listen to and understand age appropriate stories read aloud
  - Follow a simple conversation
  - Retell a story or talk about an event
  - Identify words that rhyme
  - Recognize some words by sight
  - "Read" a few picture books from memory
  - Draw a picture that tells a story and label and write about the picture

Developmental Language Milestones

- 6-7 years, First Grade
  - Follow 2-3 step directions in a sequence
  - Tell and retell stories and events in a logical order
  - Uses most parts of speech (grammar) correctly
  - Ask and respond to "wh" questions (who, what, where, when, why)
  - Stay on topic and take turns in conversation
  - Identify all sounds in short words
  - Sound out words when reading
  - Have a sight vocabulary of 100 common words
  - Begin each sentence with capital letters and use ending punctuation

Developmental Language Milestones

- 7-8 years, Second Grade
  - Correctly answer questions about a grade-level story
  - Use increasingly complex sentence structures
  - Use oral language to perform, to persuade, and to entertain
  - Stay on topic, take turns, and use appropriate eye contact during conversation
  - Use meaning clues when reading (e.g., pictures, titles/headings, info in the story)
  - Reread and self-correct when necessary
  - Explain key elements of a story (e.g., main idea, main characters, plot)
  - Use a variety of sentence types in writing essays, poetry, or short stories (fiction and nonfiction)

Developmental Language Milestones

- 8-9 years, Third Grade
  - Listen attentively in group situations
  - Ask and respond to questions
  - Use subject-related vocabulary
  - Summarize a story accurately
  - Explain what has been learned
  - Demonstrate full master of basic phonics
  - Predict and justify what will happen next in stories and compare and contrast stories
  - Plan, organize, revise, and edit writing
  - Spell simple words correctly, correct most spelling independently, and use a dictionary to correct spelling

Developmental Language Milestones

- 9-10 years, Fourth Grade
  - Listen to and understand information presented by others
  - Use words appropriately in conversation
  - Understand some figurative language
  - Make effective oral presentations
  - Follow written directions
  - Take brief notes
  - Compare and contrast in content areas
  - Make inferences from text
  - Develop a plan for writing, including a beginning, middle, and end
  - Organize writing to convey a central idea

Developmental Language Milestones

- 10-11 years, Fifth Grade
  - Listen and draw conclusions in subject area learning activities
  - Maintain eye contact and use gestures, facial expressions, and appropriate voice during group presentations
  - Summarize main points
  - Learn meanings of unfamiliar words through knowledge of root words, prefixes, and suffixes
  - Describe development of character and plot
  - Prioritize information according to the purpose of reading
  - Vary sentence structure in writing
  - Write for a variety of purposes

Causes of Disordered Language

- Specific Language Impairment (SLI)
  - A language impairment with no obvious cause or co-occurring condition. Children with SLI follow the same general sequence of language acquisition as normally developing children, but at an impaired rate.
- Language Learning Disability (LLD)
  - A condition characterized by significant difficulties acquiring and using skills for listening, speaking, reading, writing, reasoning, or mathematics. It is believed to be caused by central nervous system dysfunction.
- Autism Spectrum Disorder (ASD)
  - A disorder characterized by impairment in communication and social skills and stereotyped and restricted behavioral patterns.

Causes of Disordered Language

- Brain Injury
  - A neurological condition that occurs after some type of insult to the brain, such as traumatic brain injury, stroke, tumor, convulsive disorder, or infection.
- Mental Retardation (MR)
  - A condition characterized by intellectual function that is significantly below normal
- Deafness
  - A state of having minimal or no hearing. Causes may be biological or environmental. The impact of deafness on language is profound.

How might a language disorder affect a child?

- A language disorder might result in:
  - Social Issues- children with severe language disorders often have difficulty communicating with peers and/or may be made fun of for their language difficulties.
  - Academic Issues
    - Receptive- A child with who struggles with receptive language might have difficulty understanding what is being asked of him or her, turning to the right page in a book, following instructions, and understanding both what the teacher expects on homework and when it is due.
    - Expressive- A child struggling with expressive language might struggle to answer questions appropriately, be unable to describe or retell a story, do poorly in spelling, etc.

Under Article 7, when is a child eligible for language therapy?

A child is eligible when:

- He/she exhibits language impairments in the comprehension or expression of spoken or written language from:
  - Organic causes that are non-maturational- e.g., hearing loss
  - Nonorganic causes that are non-maturational- e.g., stroke, brain injury

  Language impairments affect at least one of the student's primary language systems (word retrieval, phonology, morphology, syntax, semantics, and pragmatics)

Under Article 7, when is a child eligible for language therapy?

A child is NOT eligible when:

- The impairment is solely because the student's native language is not English.
  * A student who is bilingual or multilingual may receive language therapy only if the impairment is exhibited in all languages spoken by the student.

How might language errors be targeted in therapy?

- Because language is so broad, there are many different areas that might be targeted.
  - Modeling
  - Self-talk (SLP or others speaking out loud)
  - Behavior modification-e.g. "Repeat after me," "Make your voice as loud as mine."

- Video example of language therapy
  - http://www.youtube.com/watch?v=_Ry_9bPLCy4&feature=related

Examples of Expressive Language Goals

- Jack will spontaneously use the plural marker /s/ at the sentence level with 90% accuracy.
- Hannah will answer the teacher's direct questions accurately (ie, answer "who" with a person, "where" with a place, "when" with a time word/phrase) with no more than one repetition of the question, in 8 of 10 opportunities.

Examples of Receptive Language Goals

- Ella will demonstrate comprehension of vocabulary that corresponds to weekly curriculum by correctly defining vocabulary words with 90% accuracy.
- Luke will demonstrate understanding and use of grade level language with 80% accuracy, as measured by informal activities within therapy.
- Noah will demonstrate understanding of curriculum by identifying 4 points from the text to compare and contrast 2 main ideas from current chapters covered in class.

Disorders of Fluency

- Stuttering: the involuntary repetition, interruption, and prolongation of speech sounds and syllables, which the individual struggles to end
- Cluttering: A disorder of fluency characterized by rapid speech, breaks in fluency, and faulty articulation
- Example Goals:
  - Lillian will identify and eliminate secondary stuttering characteristics (e.g., eye closure, inhalation, foot tap, body jerk) while speaking in a classroom setting with 80% accuracy in 3 out of 4 trials as measured by clinician.
  - Chris will produce sentences using fluent speech in 4 of 5 trials with 80% accuracy as measured by clinician.

Disorders of Voice

- A disturbance of pitch, loudness, or quality in relation to an individual's age, gender, and cultural background
- Organic causes
  - Include vocal fold paralysis, tumor, edema (swelling)
  - Result in lowered pitch, decreased loudness, a breathy or hoarse voice quality
- Functional causes
  - Include abuse/misuse, vocal nodules, contact ulcers
  - Result in a breathiness, whispered voice, or inappropriate loudness and pitch
- Example Goal: Kate will use good voice volume while discussing classroom activities in a small group setting for 5 minutes with no more than 5 verbal/silent prompts.

Speech and Language Therapy in Middle and High School

- Curriculum and teacher expectations continue to change and become more challenging.
- There is less structure from the teachers and more independence is expected of the student.
- Continued therapy can help the student to adapt to these changes appropriately, understand what is expected of him or her, and successfully take on the new responsibilities.

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